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10/667,728	09/22/2003 RULE	602	3771	BE1.001

APPLICANTS

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** CONTINUING DATA ****None* SH** FOREIGN APPLICATIONS ****None* JA** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** * SMALL ENTITY **
01/09/2004

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		OR	5	16 (8)	6 (2)

ADDRESS

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TITLE

Infant CPAP nasal cannula seal

FILING FEE RECEIVED 501	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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